Office of the State Fire Marshal

Residential Board and Care
&
Assisted Living

Handbook

Office of the State Fire Marshal
800 SW Jackson, Suite 104
Topeka, KS 66612
785-296-3401

INTRODUCTION

The Office of the State Fire Marshal has long had the responsibility to reduce the potential impact of fire and explosion hazards where people live, work, and congregate (other than one and two family dwellings). More specifically, the Fire Prevention Division focuses on facilities posing distinct fire hazards and those places where the potential loss of life from fire is very high; including structures where the very young and very old live and congregate.

To ensure a reasonable level of fire and life safety, Kansas Administrative Regulation (K.A.R.) 22-11-8 has been established and outlines the basic requirement for adult board and care homes as compliance with the Life Safety Code 101, 2006 Edition.

We have standardized inspection checklists and provide continuous training for our personnel to provide quality inspection and reasonable enforcement and to ensure a level playing field among facilities across the state. We will work with facilities on compliance; however, we believe we must insist on minimum requirements to ensure continuation of safe installations, practices, and procedures.

This booklet is developed for adult board and care homes in the State of Kansas as an informational guideline only. The Office of the State Fire Marshal has reproduced parts of the following National Fire Protection Association Codes for information and educational purposes for this booklet only:

DEFINITIONS

Assisted living facility
means any place or facility caring for six or more individuals not related within the third degree of relationship to the administrator, operator or owner by blood or marriage and who, by choice or due to functional impairments, may need personal care and may need supervised nursing care to compensate for activities of daily living limitations and in which the place or facility includes apartments for residents and provides or coordinates a range of services including personal care or supervised nursing care available 24 hours a day, seven days a week for the support of resident independence. The provision of skilled nursing procedures to a resident in an assisted living facility is not prohibited by this act. Generally, the skilled services provided in an assisted living facility shall be provided on an intermittent or limited term basis, or if limited in scope, a regular basis.

Residential health care facility
means any place or facility, or a contiguous portion of a place or facility, caring for six or more individuals not related within the third degree of relationship to the administrator, operator or owner by blood or marriage and who, by choice or due to functional impairments, may need personal care and may need supervised nursing care to compensate for activities of daily living limitations and in which the place or facility includes individual living units and provides or coordinates personal care or supervised nursing care available on a 24-hour, seven-day-a-week basis for the support of resident independence. The provision of skilled nursing procedures to a resident in a residential health care facility is not prohibited by this act. Generally, the skilled services provided in a residential health care facility shall be provided on an intermittent or limited term basis, or if limited in scope, a regular basis.

Home plus
means any residence or facility caring for not more than eight individuals not related within the third degree of relationship to the operator or owner by blood or marriage unless the resident in need of care is approved for placement by the secretary of the department of social and rehabilitation services, and who, due to functional impairment, needs personal care and may need supervised nursing care to compensate for activities of daily living limitations. The level of care provided residents shall be determined by preparation of the staff and rules and regulations developed by the department on aging. An adult care home may convert a portion of one wing of the facility to a not less than five-bed and not more than eight-bed home plus facility provided that the home plus facility remains separate from the adult care home and each facility must remain contiguous.

Boarding care home
means any place or facility operating 24 hours a day, seven days a week, caring for not more than 10 individuals not related within the third degree of relationship to the operator or owner by blood or marriage and who, due to functional impairment, need supervision of activities of daily living but who are ambulatory and essentially capable of managing their own care and affairs.

LIFE SAFETY CODE REQUIREMENTS

Key:

S = Small Board & Care	NL = New Large Board & Care
L = Large Board & Care	ES = Existing Small Board & Care
A= All Board & Care	EL = Existing Large Board & Care

Alcohol Based Hand Rub (ABHR) Dispensers

- Ensure that corridors are at least 6 feet wide before installing dispensers and that there is a minimum spacing of 4 feet between dispensers.
- Ensure that dispensers in all locations are not installed over or adjacent to an ignition source such as an electrical switch or outlet. If adjacency is in question, look for evidence of spill, splash, or spray pattern from the ABHR dispenser.
- Ensure that the maximum individual fluid dispenser capacity is 1.2 liters (2 liters in suites of rooms) and that there are not more than 10 gallons in a single smoke compartment outside a storage cabinet.
- If the floor is carpeted, the building is fully sprinkled.

Construction / Renovations

- A code footprint shall be submitted to, and approved by OSFM before the work begins on any major renovations, alterations, or modernizations. See http://www.OSFM.ks.gov/plans-review-code-footprint/
- "Major" means the modification of more than 50 percent, or more than 4,500 square feet, of the smoke compartment.
- "Minor" means the modification of less than 50 percent, or less than 4,500 square feet, of the smoke compartment.
- The replacement of a system, such as a fire alarm system, would be "major" for that system only. Thus, that system would have to meet the requirements for new construction, not the entire building itself. However, if more than one system is renovated, altered or modernized then the entire building may be required to meet the new construction standards.
- When an entire floor is gutted, the renovation of that floor should be considered "major" and must meet the regulatory requirements for new construction. If corridor walls or partition walls between rooms are removed in their entirety (to make additional space or to reconfigure rooms), the replacement wall must meet new requirements.
- Cosmetic changes such as painting and wallpapering would not constitute a "major" renovation or alteration regardless of the size of the affected area.

Corridor Walls / Fire Walls / Smoke Walls

- (A) All sleeping rooms shall be separated from the rest of the building by smoke partitions unless protected by an automatic sprinkler.

- (A) Ensure continuity of smoke barriers/fire walls – Outside wall to outside wall or other smoke/fire barrier and from floor to roof/floor deck above.

- (A) Seal all rated wall penetrations with rated materials**.** Penetrations of non-rated walls that are required to limit the transfer of smoke may be sealed with standard building materials that are non-combustible. To be approved fire rated caulking it shall be UL 1479 Classified or ASTM 814 Tested

- (A) Do not use expanding foams to seal rated wall penetrations.

- (A) If there are damaged ceiling tiles, ensure the damaged ceiling tile is replaced with a new ceiling tile of the same rating.

- (S) In non-sprinkled buildings, corridors walls shall have a fire resistance rating of 30 minutes. In existing buildings with prompt evacuation capabilities, the walls shall be constructed as smoke barriers.

- (S) In buildings protected by a supervised sprinkler system, the corridor walls must be constructed as smoke barriers.

- (L) Corridors walls shall have a fire resistance rating of 30 minutes. In existing buildings equipped with a sprinkler system or with prompt evacuation capabilities housing less than 30 residents, the walls shall be constructed as smoke barriers.

Corridor Width / Means of Egress

- (A) Monitor corridors serving as exit access to ensure that they are clear and unobstructed:
    - Linen carts, soiled utility carts, wheelchairs, or other similar items may not be stored in hallways.
    - Items are not to be placed within the required corridor width, or near an exit, that could impede evacuation such as furniture and plants.
    - Furniture and plants that are placed in the corridor must be secured and shall not block access to any other fire protection equipment.
- (A) Storage occurs when an item is left in place or not in use for over 30 minutes. If the appropriate staff is around and using something every 30 minutes the item is not considered to be stored.
- (NL) Facilities must maintain a 5ft corridor.
- (EL) In facilities with 50 or more residents, the facility must maintain a 44in corridor.
- (EL) In facilities with less than 50 residents, the facility must maintain a 36in corridor.

Documentation Requirements

- The following documentation is required to be maintained and readily available for review by OSFM
    - Building diagram
    - Copy of any active waivers
    - Documentation showing the most recent and/or the last 12 months of inspection, testing, and maintenance for the following

DOCUMENTATION REVIEW		
Emergency Lights Monthly (30 sec) Annual (90 min)	**Fire Pump** Weekly Monthly Annual	**Smoke Detectors** Annual Sensitivity Testing
Exit Signs Monthly (30 sec) Annual (90 min)	**Flame Retardant Treatment** Documentation & Maintenance	**Miscellaneous** Boiler Certificate Elevator Maintenance
Fire Alarm Monthly Quarterly Semi-Annual Annual Batteries (4 yrs)	**Generator** Weekly Monthly Annual Load	**Facility Policies** Evacuation Plans Fire Procedures Fire Watch *Generator Malfunction *Power strips/Extension Cords *Portable Heaters Smoking Policy
Fire Dampers Test and Lube (4 yrs)	**Hood Suppression** Bi-Annual Testing (last 2) Cleaning	
Fire Drills Every other month (6 total) 4 Day time drills 2 Night time drills	**Sprinkler System** Weekly (dry) Monthly (wet) Quarterly Annual 5 yr Internal Standpipe hydro test (5 yr)	* These policies are recommendations

Doors

- (A) Inspect, repair, and maintain doors to ensure that:
    - Automatic or self closing devices are properly installed and functioning.
    - Sleeping room doors shall be 1 ¾ inch and either self-closing or automatic closing. Exception building protected throughout with and approved sprinkler system.
    - Corridor doors resist the passage of smoke.
    - Corridor doors properly open, close and latch into the frame (positive latching hardware) with one motion.
    - Non-rated gaskets, such as weather stripping, are not an acceptable method to correct door gaps.
    - Doors are unobstructed and not blocked in any manner. Hold-open devices that release when the door is pushed or pulled are permitted. Door stops, chocks, tie-backs or other devices that require manual unlatching or release are not permitted.
- (A) Hazardous area doors shall be self closing
- (S & EL) Corridor doors shall be self-closing unless the facility has a sprinkler system
- (S) Closet doors shall be openable from the inside
- (S) Bathroom doors shall be openable from the outside in case of emergency

Egress Door Locks

- (A) Doors within any means of escape shall not be locked against egress unless they are equipped with a 15- second delayed lock or access-controlled lock
    - Monitor doors with 15-second delayed egress locks to ensure that:
        - Doors release appropriately. (Press on the door for 3 seconds and step back. The door shall release within 15 seconds.)
        - Doors shall unlock upon activation of sprinkler system, smoke detection system, and upon building loss of power.
        - No more than one delayed egress device in the path of travel.
        - Doors may not relock if the fire alarm system is placed in silent mode. The doors shall not relock without the system being reset.
        - Doors with a delayed lock shall have a sign posted on the door "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SEC"

Electrical

- (A) Inspect and monitor facility to ensure that power strips with surge protection are used appropriately.
    - No medical equipment, including the resident bed or any high current draw devices can be plugged into a power strip. No hair dryers or refrigerators may be plugged into power strips. Appliances that produce heat or are used for cooling cannot be plugged into a power strip.
    - Equipment such as televisions, DVD players, and clocks, may be plugged into a power strip with surge protection as long as the amperage capacity of the power strip is not exceeded.
    - Power strips are not allowed to be plugged into another power strip.
    - Power strips should be secured to prevent tripping.
- (A) Maintain three foot clearance around all electrical panels.
- (A) Ensure that all electrical equipment is in good repair and that all electrical cords and plugs have no frayed or exposed wires.
- (A) Ensure that all electrical outlets, light switches, and junction boxes have appropriate cover plates.

Emergency Lighting

- (L) Conduct a functional test on all battery operated emergency lighting system at 30-day intervals for not less than 30 seconds.

- (L) Conduct an annual test on every required battery-powered emergency lighting system for not less than 1.5 hours.

- (L) Ensure that equipment is fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the facility.

- (L) Documentation shall include the location of each individual unit, date tested, initials of individuals conducting the test, and the test results.

- (L) Monitor emergency lighting to ensure that the lighting is equipped with two sources of light either by having two fixtures or one light fixture with two light bulbs.

Exits

- Monitor facility to ensure that:

    - (A) Exit access is arranged so that exits are readily accessible at all times and that the means of egress is continuously maintained free of all obstructions or impediments to full instant use.

    - (A) Exit discharge outside the building is usable during inclement weather and is without impediments.

    - (S) Every sleeping room and living area shall have access to a primary means of escape.

    - (S) In non-sprinkled buildings, every sleeping room and living area shall have access to a secondary means of escape such as another door remote from the primary means of escape, passage through another unlockable space, or outside window or door.

    - (L) Exit and directional signs display the correct egress pathway or direction of travel with continuous illumination and are also served by the emergency lighting system

    - (L) Ensure the entire means of egress is illuminated at minimum of one foot candle of illumination at floor level.

Emergency Lights/Exit Sign Testing Log

Requirement:	Monthly – 30 Sec Annual – 90 Min	Note: You must conduct a 30 second functional test every month regardless of if you conduct the 90 minutes annual test
Type:	S – Exit Sign L – Emergency lights	

Unit location and type	Jan:	Feb:	Mar:	Apr:	May:	Jun:	Jul:	Aug:	Sep:	Oct:	Nov:	Dec:	Annual:	Comments

1.) Provide a date tested for each month
2.) Initial each unit tested
3.) Comments should include information regarding failure & replacement

Fire Alarm System

- (A) Ensure that the fire alarm system is installed and maintained in accordance with *NFPA 72, National Fire Alarm Code, 2007 edition* and that maintenance records are available.

- (ES) A fire alarm system is not required if the facility has interconnected smoke alarms and one manual fire alarm box per floor to activate the alarms.

- (A) A fire alarm panel must be installed in a supervised location.

- (A) Annual fire alarm system test documentation must be complete, accurate and show test results for all initiating and supervisory devices. (See form below)

- (A) Inspect the fire alarm system to determine if the sprinkler system is connected to the alarm system including water flow devices. Verify that activation of the sprinkler system causes the fire alarm to sound.

    - Verify that the fire alarm system transmits to the local fire department or central station.

    - Self monitoring fire alarm systems are still required to maintain and provide all required documentation of maintenance and testing.

Inspection and Testing

Date	Time

Service Organization	**Property Name**
Name	Name
Address	Address
Representative	Owner Contact
License No	Telephone
Telephone	

Monitoring Entity	**Approving Agency**
Contact	Contact
Telephone	Telephone
Monitoring Acct No.	

Type Transmission		**Service**	
☐ McCulloh	☐ Reverse Priority	☐ Weekly	☐ Semiannual
☐ Multiplex	☐ RF	☐ Monthly	☐ Annual
☐ Digital	☐ Other:	☐ Quarterly	☐ Other:
Specify:		Specify:	

Conrol Unit Manufacturer	Model No.
Circuit styles	
Number of circuits	
Software Rev	
Last date system service	
Last date system revised	

Alarm- Initiating Devices and Circuit Information

Quantity	Circuit Style
	Manual Fire Alarm Box
	Ion Detector
	Photo Detector
	Duct Detector
	Heat Detector
	Waterflow Switches
	Supervisory Switches
	Other:

Alarm Notification Appliances and Circuit Information

Quantity	Circuit Style
	Bells
	Horns
	Chimes
	Strobes
	Speakers
	Other:
No. of alarm notification appliance circuits	
Are circuits monitored for integrity?	Yes No

Supervisory Signal-Initiating Devices and Circuit Information

Quantity	Circuit Style	
		Building Temp
		Site Water Temp
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator in Auto Position
		Generator in Controller Position
		Switch Transfer
		Generator Engine Running
		Other:

Signaling Line Circuits

Quantity and style (see NFPA 72. Table 3-6) of signaling circuits connected to system	
Quantity:	Style:

System Power Supplies

a. Primary (Main)	Nominal Voltage	Amps:
Overcurrent Portection	Type	Amps:
Location of Primary Supply Panelboard		
Disconnecting Means Location		
b. Secondary (Standby)		
Storage Battery:	Amp Hr Rating	
Calculated capacity to operate system, in hours		
Engine driven generator dedicated to fire alarm system		
Location of fuel storage		

Battery Type

☐ Dry Cell ☐ Nickel-Cadmium ☐ Sealed lead-acid ☐ Lead-acid ☐ Other:

c. Emergency or standby system used as a backup to primary power supply, instead of using secondary power supply

	Emergency system described in NFPA 70
	Legally required standby described in NFPA 70
	Optional standby system described in NFPA 70

Prior to Any Testing

Notifications are made		**Who**	**Time**
Monitoring Entity	☐ Yes ☐ No		
Building Occupants	☐ Yes ☐ No		
Building Management	☐ Yes ☐ No		
Other	☐ Yes ☐ No		
AHJ (notified of any impairments)	☐ Yes ☐ No		

System Tests and Inspections	
Type	**Comments**
Control Unit	☐ Visible ☐ Functional
Interface Eq.	☐ Visible ☐ Functional
Lamps/LED	☐ Visible ☐ Functional
Fuses	☐ Visible ☐ Functional
Primary Power Supply	☐ Visible ☐ Functional
Trouble Signals	☐ Visible ☐ Functional
Disconnect Switch	☐ Visible ☐ Functional
Groud-Fault Monitoring	☐ Visible ☐ Functional
Secondary Power	
Battery Condition	☐ Visible ☐ Functional
Load Voltage	☐ Functional
Discharge Test	☐ Functional
Charger Test	☐ Functional
Specific Gravity	☐ Functional
Transient Suppressors	☐ Visible
Remote Annunciators	☐ Visible ☐ Functional
Notification Appliances	
Audible	☐ Visible ☐ Functional
Visual	☐ Visible ☐ Functional
Speakers	☐ Visible ☐ Functional
Voice Clarity	☐ Functional

Initiating and Supervisory Device Test and Inspections

Loc. & S/N	Device Type	Visual	Functional	Factory Setting	Meas. Setting	Pass	Fail
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments:

Emergency Communication Equipment		**Comments**
Phone Set	☐ Visual ☐ Functional	
Phone Jacks	☐ Visual ☐ Functional	
Off-Hook Indicator	☐ Visual ☐ Functional	
Amplifier(s)	☐ Visual ☐ Functional	
Tone Generator(s)	☐ Visual ☐ Functional	
Call-in Signal	☐ Visual ☐ Functional	
System Performance	☐ Visual ☐ Functional	

Interface Equipment			
Specify:	☐ Visual	☐ Device Operation	☐ Simulated Operation
Specify:	☐ Visual	☐ Device Operation	☐ Simulated Operation
Specify:	☐ Visual	☐ Device Operation	☐ Simulated Operation
Special Hazard Systems			
Specify:	☐ Visual	☐ Device Operation	☐ Simulated Operation
Specify:	☐ Visual	☐ Device Operation	☐ Simulated Operation
Specify:	☐ Visual	☐ Device Operation	☐ Simulated Operation

Special Procedures:

Comments:

Supervising Station Monitoring		**Time**	**Comments**
Alarm Signal	☐ Yes ☐ No		
Alarm Restoration	☐ Yes ☐ No		
Trouble Signal	☐ Yes ☐ No		
Supervisory Signal	☐ Yes ☐ No		
Supervisory Restoration	☐ Yes ☐ No		

Notification that Testing is Complete		**Who**	**Time**
Building Management	☐ Yes ☐ No		
Monitoring Agency	☐ Yes ☐ No		
Building Occupants	☐ Yes ☐ No		
Other	☐ Yes ☐ No		

The following did not operate correctly:

System restored Date: Time:

This testing was performed in accordance with applicable NFPA standards

Name of Inspector	
Signature	
Name of owner or representative	
Date	Time
Signature	

Fire Drills

- (A) Ensure that the facility administration has a plan that has been distributed for the protection of all persons in the event of fire, for keeping persons in place, for their evacuation to areas of refuge, and for their evacuation from the building when necessary.

- (A) Monitor fire drills to ensure that the drill includes the transmission of a fire alarm signal and simulation of various emergency egress in accordance with the emergency plan. Drills can be announced in advance to the residents.

- (A) Monitor fire drills to ensure that drills are held (6) six times a year on a bimonthly basis. Two fire drills shall be conducted at night while residents are sleeping.

- (A) Ensure residents are getting experience egressing through all exits. Residents do not have to practice exiting through windows.

- (A) Residents who cannot meaningfully assist in their own evacuation do not have to participate. This may be due to a temporary or long-term health condition.

- (A) Maintain documentation concerning fire drills for the preceding 12 months that shows at least the following:

    - Date and time of fire drill
    - Drills conducted at shift change are only counted for one shift.
    - Amount of time it took for residents to evacuate

Fire Drill F.A.Q's

1.) **Do they have to use the fire alarm when conducting drills?** According to NFPA there is nothing in the code for RBC that mandates they use the fire alarm system. However, the code does state that the intention of the fire drill is to familiarize residents with fire evacuation procedures and hearing the fire alarm is part of that training. As the AHJ, it has been determined that they will use the fire alarm system during the daytime drills but they can use a coded announcement at night – but all residents must still participate.

2.) **Do they have to do full evacuation drills?** All residents must participate in the drill other than those who are exempt. Otherwise the facility needs to practice their drills in accordance with the emergency plan. Some drills may be defend-in-place if they have rated resident room walls – not all of them do so you will need to ask/verify. Some drills will be relocation to another smoke zone and then some drills will be full building evacuation. But we want to be clear that **not all drills are full building evacuation**.

FIRE DRILL RECORD- GENERAL

Facility Name	**Year(s) of drills**
Address	**Responsible Party Name and Title**
City, State, Zip	**Facility/License #**
Phone	**Fax**

MONTH	DATE OF DRILL	TIME OF DAY	TIME FOR EVACUATION	NUMBER OF OCCUPANTS	RESPONSIBLE PARTY NAME
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

POST IN A CONSPICUOUS LOCATION

When ALL REQUIRED DRILLS have been conducted, maintain the original or a copy of the drill record IN YOUR FILES ONLY for a period not less than 5 years for future reference and verification by the Office of the State Fire Marshal.

OFFICE OF KANSAS FIRE MARSHAL

Fire Drill Report

Facility Name: _____

Address: _____

Date: _____ Time: _____ Shift: _____

(24 Hour Clock)

Person conducting the drill: _____
(Name & Title)

Fire Alarm Activation Method: _____

(Between 9:00 p.m. and 6:00 a.m: A coded announcement can be used instead of audible alarms)

Drill location and simulated conditions:

_____

_____

_____

_____

_____

_____

_____

_____

(Bedridden patients shall not be required to be moved during drill *)*

Unusual Conditions:_____

_____

(weather , remodeling, temporary exits)

Number of occupants evacuated: _____ Total Time of Drill:_____

Fire alarm system reset?:_____ Sprinkler System restored?:_____

Critique:_____

_____

_____

Fire alarm system tested:_____ Verified by:_____

Monitoring company received signal at:_____

Verified by:_____

(24 hour clock)

List all staff members on duty and participating:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Fire Extinguishers

- (A) Inspect portable fire extinguishers when initially placed in service and at approximately 30-day intervals.

- (A) Maintenance shall occur at intervals not to exceed 1 year, conducted by a firm certified by the State Fire Marshal in accordance with K.S.A. 31-133a.

- (A) Every sixth year dry chemical extinguishers must be emptied and proper maintenance procedures performed. Exception to this rule is a non-rechargeable extinguisher.

- (A) Conduct 12 year hydrostatic vessel test.

- (A) Hydrostatically test CO2 portable fire extinguisher vessels every five years.

- (A) Ensure that fire extinguishers having a gross weight not exceeding 40 lbs (18.14 kg) are not installed so that the top of the fire extinguisher is not more than 5 feet above the floor.

- (A) Ensure that fire extinguishers having a gross weight greater than 40 lbs (18.14 kg) shall be installed so that the top of the fire extinguisher is not more than 3.5 feet above the floor. In no case shall the clearance between the bottom of the fire extinguisher and the floor be less than 4 inches.

Fire Safety Plan

- (A) Develop a written fire safety plan that addresses all of the following components:

    - Protection for all person(s)
    - Plan for keeping person(s) in place
    - Plan for evacuating person(s) to areas of refuge
    - Plan for evacuating the building
    - Staff response actions
    - RACE protocol = Rescue – Alert – Contain – Extinguish

- (A) Ensure that evacuation routes are clearly marked on the plan including alternative routes.

- (A) Ensure the fire safety plan is reviewed at least every two months.

Fire Watch

- (A) Where a required automatic sprinkler system **or** a required fire alarm system is out of service for more than four hours in a 24-hour period, the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system or fire alarm system has been returned to service.

- (A) A fire watch should at least involve one trained staff with no additional duties while conducting fire watch duties. These individuals are specially trained in fire prevention and in occupant and fire department notification, and understand the fire safety.

- (A) Fire watch rounds shall be continuous. All areas shall be checked at least hourly.

- (A) A written log or documentation of fire watch rounds should be kept and available for inspection. (See below)

- (A) Fire watch policy must address**:**

    - Notification of the local fire department

    - Notification of the State Fire Marshal's office

    - All situations in which the sprinkler system could be out of service for more than four hours in a 24 hour period.

    - All situations in which the fire alarm system could be out of service for more than four hours in a 24 hour period.

Fire Watch Log

Facility Name: Address:

Date: Time Begin: Time End:

Reason: Designated Person :

RESPONSIBILITIES: The responsibilities of firewatch personnel include: performing constant patrols of the premises to keep watch for fires, report all fires to the 911 Dispatch Center, maintain a means of communication with the 911 Dispatch Center, record actions during firewatch.

INITIAL THE TIME AND LOCATION BEING OBSERVED
AT THE END OF EACH DAY FAX THIS TO THE KSFMO AT 785-296-0151
THANK YOU

Generators – *if applicable*

- (A) Inspect all generators weekly and exercise under load for 30 minutes per month. Ensure that the startup and or cool down times are not included in the 30 minute load test.

- (A) Ensure that electrical power is transferred within 10 seconds of interruption of service.

- (A) The monthly testing of Level 1 and Level 2 EES needs to be conducted by one of the following two methods:

    - Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.

    - Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.

- (A) Diesel-powered EPS installations that do not meet the above requirements shall be exercised monthly with the available EPS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours.

- (A) Maintain all records of inspections and running under load. (See below)

- (A) Ensure that there is battery powered emergency lighting at generators located inside a facility. Batter powered emergency lighting is not required at generators located outside if a car can be pulled up to the generator and provide lighting from the car headlights.

- (A) A remote generator annunciator panel shall be located in an attended area that is staffed twenty four hours a day seven days a week. If the panel is in an unattended location, a clearly identified audible and visible signal shall be provided in a constantly attended area. Access shall not be restricted to the annunciator panel.

- (A) Facility must have a contingency plan and a written agreement for the resupplying of fuel in an emergency situation.

														Month or Week		
														Operator		
														Start Time		
														Stop Time		
														Elapsed Run Time		
														Oil Pressure/Temp		
														Fuel Oil Pressure		
														Jacket Water Temp		
														Battery Amperes		
														Amps	1	Phase
														Volts		
														Amps	2	
														Volts		
														Amps	3	
														Volts		
														Frequency		
														Restoration of Service (sec)		
														Oil Level		**Weekly Checks**
														Coolant Level		
														Fluid Level		
														Belts		
														Hoses		
														Battery/Cables		
														Exhaust		
														Fuel Level		
																Comments

Hazardous Areas

- (A) A hazardous area is defined as an area of a structure or building that poses a degree of hazard greater than that normal to the general occupancy of the building or structure, such as areas used for the storage or use of combustibles or flammables; areas for cartooned storage, household maintenance items in wholesale or institutional-type.

- (A) Hazardous room doors shall maintain a solid wood core door with automatic self closing device equipped with positive latching hardware that resists the passage of smoke.

- (A) Monitor mechanical rooms to ensure that the rooms are clean and orderly and are not used for combustible storage.

- (A) Ensure that there is a minimum of a 3 foot clearance around all electrical panels and heat producing equipment such as a gas furnace.

- (A) Change in use of a room (i.e. resident room to a storage room) can create a hazardous area.

- (S) If the hazardous area is located along the primary means of egress, the hazardous area shall be protected with a 1-hr fire resistance rating or provided with an automatic sprinkler system

- (S) If the hazardous area is NOT located along the primary means of egress, the hazardous area shall be protected with a ½ -hr fire resistance rating or provided with an automatic sprinkler system

- (L) Hazardous rooms shall be protected with a 1-hr fire resistance rating or provided with an automatic sprinkler system.

- (L) Hazardous areas include but are not limited to:

    - Boiler and fuel-fired heater rooms
    - Laundries greater than 100 square feet
    - Repair/Maintenance shops and paint shops
    - Laboratories employing flammable or combustible materials
    - Combustible storage rooms/spaces (over 50 square feet)
    - Trash collection rooms
    - Soiled linen rooms

Heating, Ventilation, Air Conditioning, & Cooling (HVAC)

- Ensure that all HVAC units are installed and maintained in accordance with *NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilation Systems*, 2002 Edition.

- Examine each fire, smoke or ceiling damper every two years to ensure that it is not rusted or blocked giving attention to hinges and other moving parts. At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary.

Hood Suppression System/Cooking

- Commercial Cooking Equipment shall be in accordance with NFPA 96.
    - Exception: Existing installation shall be permitted to be continued in service, subject to AHJ approval.

- Inspect and maintain Commercial Cooking Equipment in accordance with *NFPA* 96. System must be UL 300 compliant.
    - System shall be serviced at least every 6 months by a firm certified in Kansas
    - Fusible links shall be replaced annually
    - Entire exhaust system shall be inspected and cleaned (See below)
    - A Class K fire extinguisher is provided
    - Baffle filters are in place and installed vertically without gaps. Mesh filters are prohibited.
- Verify that fuel sources automatically shut-off when the extinguishing system is activated.
- Clearly mark and locate the extinguishing system activator in the path of egress from the kitchen.
- Verify that activation of the extinguishing system activates the facility fire alarm.
- Train staff in the operation of any range hood extinguishing system.
- Monitor all cooking locations to limit or avoid creating grease laden vapors in accordance with NFPA 96.
- Cooking equipment shall be cleaned at frequent intervals to prevent build-up of grease and other materials.

Exhaust Cleaning Cycle (NFPA 96)

Solid fuel cooking .....Monthly
High volume cooking.....Quarterly
(24hr cooking, charbroiling, wok)
Moderate volume cooking .....Semiannually
Low volume cooking .....Annually
(churches, day camps, seasonal businesses)

Interior Finish, Furnishings, & Decorations

- (A) Facilities are required to maintain documentation as to the flame and smoke spread ratings of their interior finishes.

- (A) Be aware of facility interior finish requirements. Do not install new interior finish, such as wainscoting, bead board, paneling, etc., without first checking the product specifications to see if the product meets the interior finish requirements. It is highly suggested that you contact OSFM to have a fire protection specialist review the product before purchase.

- (A) Monitor facility to ensure that the means of egress is continuously maintained free of all obstructions or impediment to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress there from, or visibility thereof.

- (A) Inspect curtains and other loosely draping fabrics for flammability, review labels, or tags. These items must be flame resistant and tested in accordance with NFPA 701, *Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.*

- (A) Fabrics can be made flame resistant by chemical treatment. However, such treatments can be made ineffective by laundering, dry cleaning, or water leaching. Maintain records to document that treated fabrics are maintained in accordance with the manufacturer's specification to retain flame resistance.

- (A) Monitor facility to ensure that the facility does not have combustible decorations unless they are flame-retardant. Items such as live Christmas trees, hay bales, and pine branches are not allowed as they are highly flammable and cannot be treated. Exception: Combustible decorations, such as photographs and paintings, in such limited quantities (20% of the space) that a hazard of fire development or spread is not present.

- (A) Monitor facility to ensure than no signs or decorations are attached to sprinkler heads or exit signs

- (A) Monitor use of outdoor decorations that are placed near the building as these can create a hazard, e.g. hay bales. Consider alternative to mulch in landscaped areas to reduce the risk of fire.

Laundry /Trash

- (A) Ensure that soiled linen or trash is stored in rooms protected as a hazardous area.

- (A) Monitor facility to ensure that trash and soiled linen containers do not exceed 32 gallons in a 64 square foot area.

Oxygen Storage/Use – *if applicable*

- (A) Monitor facility to ensure that oxygen cylinders are protected to avoid damage to the cylinder, valve, or safety device. Such cylinders shall not be stored near elevators, gangways, or in locations where heavy moving objects will strike them or fall on them.

- (A) Ensure that freestanding cylinders are properly chained or supported in a proper cylinder stand or cart.

- (A) Monitor oxygen storage area to ensure the separation of full and empty oxygen cylinders.

- (A) Smoking, open flames, electric heating elements, and other sources of ignition are prohibited within storage locations or within 20 feet of outside storage locations

- (A) Maintain non-smoking and no smoking signs in areas where oxygen is used or stored.

- (A) Maintain a precautionary sign, readable from a distance of five feet that is conspicuously displayed on each door or gate of the storage room or enclosure. The sign shall include the following wording as a minimum:

CAUTION OXYGEN
STORAGE
NO SMOKING

Portable space heating devices

- (A) Portable space heating devices are not prohibited in Board and Care Chapters of the Life Safety Code. However, if facilities choose to utilize portable space heating devices, a policy shall be maintained in accordance with the following

    - Only listed and labeled portable, electric space heaters shall be used
    - Shall be plugged directly into an approved outlet
    - Shall not be plugged into an extension cord
    - Shall not be operated within 3 feet of any combustibles
    - Shall be operated only in locations for which they are listed

Smoke Detectors

- (A) Smoke alarms shall be hard-wired to building power and interconnected.
- (S) Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Smoke alarms shall be installed in all living areas and sleeping rooms.
- (EL) Smoke alarms shall be installed in every sleeping room that shall be hard-wired and interconnected. Sleeping room smoke detection is not required if the corridors have complete smoke detection.
- (L) Corridors and any space open to the corridor shall be provided with smoke detection system. Existing facilities with a sprinkler system are not required to have corridor smoke detection systems.
- (A) Maintain and calibrate smoke detector systems in accordance with *NFPA* 72.
- (A) Test all smoke detectors at least annually to ensure that each detector is operative and produces the intended response.
- (A) Check smoke detector sensitivity within one year of installation and every 2 years thereafter. Fire Alarm vendor shall be testing for smoke sensitivity in accordance with NFPA 72.
- (A) Maintain records that indicate what testing of smoke detectors have been done over the past 12 months including records of automated sensitivity testing.
- (A) Smoke detectors must be located out of the direct airflow of a supply or return air vent.
- (A) Ensure sensitivity tests reports have all required information pertaining to the ranges of the sensitivity of the smoke detectors and the time it took to activate.

Smoking Regulations

- (A) Smoking regulations shall be adopted by the administration of board and care occupancies.
- (A) Where smoking is permitted, noncombustible safety ashtrays or receptacles shall be provided in convenient locations.
- (A) Maintain required "OXYGEN IN USE" signs. Signs may be required in non-smoking facilities if entrances are not marked with smoking prohibited in this facility signage.

Sprinkler System

- (N) All facilities shall be protected throughout by an approved automatic sprinkler system with quick response or residential sprinkler heads provided
    - (NS) Exception: sprinklers shall not be required in small board and care homes serving eight or fewer residents when all residents can reliably get out of the home in less than 3 minutes.
    - Exception: automatic sprinklers shall not be required in closets not exceeding 24sqft and bathrooms not exceeding 55sqft (depending on evacuation capability). Providing that such spaces are finished with lath and plaster or materials providing a 15-minute thermal barrier.
- (A) Where an automatic sprinkler system is installed, it shall initiate the fire alarm system.
- (A) Automatic sprinkler system shall be supervised in accordance with *NFPA13.*
- (A) Inspect and maintain sprinkler system in accordance with *NFPA* 25. Retain maintenance records of the sprinkler system for the preceding 12 months and ensure availability for inspections.
- (A) Monitor facility to ensure that there are no gaps in ceiling adjacent to sprinkler heads.
- (A) Ensure that all storage is kept at least 18 inches below/away from sprinkler heads.
- (A) Maintain a supply of at least two spare sprinkler heads for each type of sprinkler used in the facility. (Note- more than two sprinkler heads may be required depending on the number of heads used in a facility). Keep the sprinkler wrench with the spare sprinkler heads
- (A) Ensure that the same type of sprinkler head is used throughout each compartment. (Note there are exceptions for special areas such as boiler rooms which may have higher than normal temperatures.)
- (A) Maintain sprinkler heads clean, dust free, and paint free.

Vertical Openings

- (A) Ensure that stairways, elevator shafts, light and ventilation shafts and other vertical openings, including pneumatic rubbish and linen systems, that open directly onto any corridor is sealed by fire-resistive construction to prevent further use or is provided with a fire door assembly having a fire protection rating of one hour with self closing device and positive latching hardware.
- (A) Monitor facility to ensure that the area under stairways is not used for storage, unless by special design.
- (A) Ensure that all chutes are secure from accidental falls.

Waivers

Temporary Construction Waivers

- The purpose of a temporary construction waiver (TCW) is to allow a facility additional time to obtain bids, permits, architectural designs or plans, plan approval, construction time, etc.

- In order to qualify for a temporary construction waiver the correction period required **must be for more than 90 days from survey exit date**.

- Documentation must be submitted to the District Office supporting the facility's TCW request such as construction bids, pricing quotes, and signed contracts.

- Facility must contact their District Office if they are unable to meet their original time frame for completion. A good faith effort must have been made in order for a facility to be granted an extension from CMS.

Continuing Waivers

- A continuing or annual waiver is for deficiencies that are structurally impossible or impracticable to correct and are an undue burden and financial hardship on a facility.

- To be eligible for a continuing waiver the following criteria must be met.

    - Must not adversely affect the safety & health of the residents.

    - Must not adversely affect the safety & health of the staff.

    - Must be a financial hardship and undue burden on the facility.

    - Supporting documentation must be provided to support the claim of no adverse affect on residents and staff, and that it would be a financial hardship to correct.

- Continuing waivers must be renewed from year to year along with all required supporting documentation.

- Waivered deficiencies will be cited at each survey.